

Commentary

My Pets, the Spider and the Cricket

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In his declining years, bemoaning his physical deterioration, Michelangelo wrote a poem that included the lines, "A spider's web is hidden in one ear, and in the other, a cricket sings throughout the night."

In this affliction, he was not alone. In one estimate, 40 million Americans are afflicted with this auditory phenomenon, tinnitus, with a substantial proportion of them suffering serious disability.¹

Beethoven also experienced a constant buzz in his ears, heralding the onset of his progressive deafness. He decried the inability of all the physicians whom he had visited to relieve him of his symptoms. Instead, he accused them of making him worse.

Tinnitus is a word derived from the Latin *tinnere*, meaning "to ring." The term "ringing" is not adequate to describe the variegated forms of this phenomenon. It may be a whistle, a hiss, a roar, a hum, a buzz, a chirp—or a thousand other sounds that intrude where they do not naturally belong. For those afflicted, it is the end of the luxury of silence. It may also be the premonitory sign of a progressive deafness. Deafness, paradoxically, does not ameliorate the tinnitus. The two remain steady partners in this torturous, often maddening malady.

I date the onset of my tinnitus to periods of intense stress occurring almost ten years ago. Mercifully, at that time, the tinnitus was transitory, lasting several seconds to a minute in either ear and appearing at intermittent, unpredictable intervals. It was only about a year ago that I began to experience a continuous, high-pitched ringing in one ear, resembling a flat note on the E string of a violin. Shortly thereafter, I experienced the same phenomenon in the other ear, then in both, with the intensity being greater in one than in the other at any one time.

The constancy of the tinnitus preoccupied me. As a physician trained to attempt a differential diagnosis of all disorders, I naturally put the worst causes highest on the list. I postulated a tumor of the cerebellopontile angle, an acoustic neuroma, a serious metabolic disorder, cerebrovascular dysfunction, or a dozen other worrisome diagnoses.

The first physician I visited did a superficial ear examination, removed some impacted cerumen, ordered audiometric tests, and ended up reassuring me that my ongoing tinnitus was nothing to worry about. I had been

hoping that perhaps the cause might be impacted cerumen, but this was not the case. The audiometric tests showed mild depression of acuity in the high-frequency range. To my dismay, the tinnitus continued unabated, reassurance notwithstanding.

As the tinnitus continued, I noted some lessened acuity in my hearing. I began to lean forward to catch some phrases uttered in a casual conversational tone. In noise-filled rooms, whether restaurants, meeting rooms, or hallways, the ambient noise made it difficult to discern words I should have been able to hear without difficulty. In the evenings I had to turn up the volume on the television or miss half the dialogue.

So there I was, along with Michelangelo, having a spider's web in one ear and a cricket singing, not only all night, but all day, in the other.

Inexplicably, there were some days when I felt that the problem had suddenly disappeared, so hardly noticeable was the adventitious sound in either ear. On other days, it was a high-pitched alarm whistle that overlay every sound and made hearing under any circumstance more difficult. I tried to correlate this variation in the intensity of the tinnitus with every available circumstance and situation, all to no avail.

I finally came to explain it as a general phenomenon that I called the "periodicity of well-being." Some days the whole body machinery seems out of kilter—the head, the limbs, the gut—and all other components of the human machine feel uncoiled and somewhat awry, not with any specific disorder, but just a general deviation from the norm of "feeling well." It is on these days that the cricket sings the loudest and the spider's web is the thickest. It is also on these days that the joints ache a little more, fatigue occurs earlier, and energy level is at its nadir.

Then there are days when "lo, the lark sings hymns at Heaven's gate." The head is clear, the limbs are supple, the joints are painless, and there is no limit to what can be accomplished. On such days, both the hearing and the tinnitus seem better and hope springs anew that the disorder may have disappeared. This periodicity has no rhythm or definable explanation.

Like most physicians, I deferred seeking further medical attention or advice for my increasingly annoy-

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ing affliction. I kept hoping against hope that it was self-limited, that I would awaken one morning to find it gone. I also entertained the feeble hope that it was a labyrinthitis or some other bland inflammatory condition that would play itself out, so I could once again enjoy the luxury of silence.

Then, two occurrences, one close to the other, helped catapult me again into the office of the otolaryngologist. The first of these was my attendance at a Jewish wedding, where the postceremony festivities were presided over by a loud, brassy master of ceremonies leading an equally brassy band blaring forth in megadecibels. The combination of the crowded hall, the constant aural offense of the band, and the incessant chatter of the master of ceremonies set my ears ringing like a thousand church bells, and I strained unsuccessfully to hear what my partners at the dinner table were trying to say. Several times, the ringing became so intense as to be almost painful, causing me to leave the room for some relief. For days thereafter, the intensity of the high-pitched sounds in both ears continued, an unsolicited memento of the raucous wedding.

The second occurrence was a surprise, a physical sensation that I had never before experienced. Several days after the wedding, on a sunny morning while walking with my wife at a leisurely pace, I looked to one side and suddenly felt as if something or somebody had seized me by the shoulder and spun me around clockwise, headlong toward the ground below. In utter amazement, I found myself on the ground, bewildered as to what might have happened. I had not felt faint. My pulse was slow and regular. There was full power in all extremities. The major accompanying symptom as I sat on the ground was apprehension. It was but a single episode that passed quickly, but it was worrisome enough to make me seek medical help again.

The second physician was an old friend, a well-known otologist at the university. He listened carefully to my complaints and ordered the battery of tests usually done to investigate my malady. In addition to the physical examination, there was another audiometry and a test of the tympanic membranes. Both of these failed to reveal any notable abnormality.

Also ordered was a magnetic resonance imaging (MRI) procedure, a new experience for me. With most serious etiologic mechanisms ruled out, I was given the usual reassurance, and resigned myself to living with a new sensation, with little hope of relief, ever.

I began to make observations into what made the condition better and what made it worse. As mentioned, there were periods when it was better for no obvious reason, the periodicity of well-being. It was also made better temporarily if I occluded my ear canals with fingers or cotton, excluding all external sounds. At times, it seemed to me that it was made better if I was at rest rather than engaged in activity. But more than anything else, it was made better by diversion. If I became occupied with some task or thought that claimed my complete attention, I was often surprised that I had not

noticed the tinnitus at all. This, then, became my most potent weapon against the unwanted sounds.

Many things made it worse. As mentioned before, loud noises of any kind (especially within a room), inevitably caused a worsening that lingered for some time. At home, the tinnitus was worse in some rooms than in others, having something to do with the configuration of the room. The ringing was also made worse if I spoke loudly at long intervals, the crescendo of adventitious sound building the longer my speaking went on. It was made worse when I was unduly fatigued, when I was under unusual physical exertion, or when I became upset for any reason. It seemed to me that there might be some relation with heightened blood pressure, although I never took my blood pressure on these occasions. At times it seemed to me that it was worse on immediately rising in the morning, diminishing as the day went on. At other times, the ringing grew worse as the day progressed. Those were my "bad ear" days.

As for the episode of vertigo, I had several more minor episodes, but these gradually diminished and eventually disappeared.

I should consider myself fortunate, along with millions of other victims of this annoying malady, inasmuch as I have only the garden variety or most common form of tinnitus. The diagnostic garden is filled with a vast array of exotic disorders, such as neoplasms, aneurysms, unusual inflammations, malformations, and a frighteningly long list of others. They are described in exquisite detail in otologic texts. Some of the varieties are pulsatile, others vibratory. When the etiologic agent is unequivocally discoverable, treatment is perhaps possible. For the vast majority, of which I am one, the cause remains an unfathomable mystery, its sufferers doomed to life without silence.

Few things in nature have an elemental purity, such as sunlight or newly fallen snow, for example. Among them is utter, undiluted, and unsullied silence. What provoked my feeling of panic initially, when the ringing became constant, was that I should never again experience that exquisite luxury of the pure absence of sound.

But as every physician knows, time heals many ailments by its mere passage. Although the ringing has not changed in character and there is a gradual loss of auditory acuity, still, neither is life-threatening. Diversion has remained the most reliable remedy. Another delectable aid is music, which masks, dilutes, and sweetens the unpleasant and unwanted noise.

In short, I have made peace with those two creatures, who at first I deemed implacable enemies. I have made the spider and the cricket my companions for life, my pets. After all, it is the only way we can live together in peace.

REFERENCE

1. Meyerhoff WL, Ridenour BD: Tinnitus, chap 20, *In* Otolaryngology—Head and Neck Surgery. Philadelphia, Pa, WB Saunders, 1992, p 435